

MARTIN & FERRARO, LLP
1557 Lake O'Pines Street, NE
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TO:

Name: Examiner Michael Brown
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FROM:

Name: Thomas H. Martin, Esq.
Phone No.: 330-877-2277
No. of Pages (including this): 4

Subject: U.S. Patent Application No. 09/605,001
Gary Karlin Michelson
Filed: June 27, 2000
APPARATUS AND METHOD OF INSERTING
SPINAL IMPLANTS
Attorney Docket No. 101.0044-04000
Customer No. 22882
Confirmation No. 5171

Date: June 1, 2004

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$420.00 two-month extension fee charged to Deposit Account No. 50-1066) and Reply to Restriction Requirement are being facsimile transmitted to the U.S. Patent and Trademark Office on June 1, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0044-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Gary Karlin Michelson
Serial No.: 09/605,001
Filed: June 27, 2000
For: APPARATUS AND METHOD OF
INSERTING SPINAL IMPLANTS

Confirmation No.: 5171

Art Unit: 3764
Examiner: M. Brown**RECEIVED**
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Commissioner for Patents
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Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is a Reply to the Restriction Requirement dated March 23, 2004 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a two-month extension of time to respond to the above office action.
- ☒ A fee in the amount of \$420.00 to cover the two-month extension of time is to be charged to Deposit Account No. 50-1066.
- ☐ A check in the amount of \$_____ to cover the above fees is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: June 1, 2004

By: Thomas H. Martin
Thomas H. Martin
Registration No. 34,383

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Hartville, Ohio 44632
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Facsimile: 330-877-2030